



# State Absentee Ballot Request Form

North Carolina

SEP 21 2018

 TIME \_\_\_\_\_ REC'D BY \_\_\_\_\_  
 BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St  
 Elizabethtown NC  
 28337

Mailing Address

 PO Box 512  
 Elizabethtown

 PHONE: 910-862-6951  
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

## Voter Information

Last Name <b>EAson</b>		First Name <b>Christopher</b>		Middle Name <b>D</b>	Suffix <b>[REDACTED]</b>
Home Address (NC Residential Address) <b>[REDACTED]</b>			Mailing Address (if different than home address.) <b>[REDACTED]</b>		
City <b>Bladenboro</b>	State <b>NC</b>	Zip Code <b>28320</b>	City <b>[REDACTED]</b>	State <b>[REDACTED]</b>	Zip Code <b>[REDACTED]</b>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <b>Bladen</b>		
If "No," indicate the date of your move: <b>1/1/</b>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number: <b>[REDACTED]</b>			Voter Registration No. <b>[REDACTED]</b>		
SSN: <b>XXX - XX</b>			Phone (optional)		
			Email (optional)		

## Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <b>SAME</b>		City <b>[REDACTED]</b>	State <b>[REDACTED]</b>	Zip Code <b>[REDACTED]</b>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City <b>[REDACTED]</b>	State <b>[REDACTED]</b>	Zip Code <b>[REDACTED]</b>	Requestor's Phone <b>[REDACTED]</b>	Requestor's Email <b>[REDACTED]</b>

## For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas):	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <b>X</b>	Signature of Near Relative/Legal Guardian (if applicable) <b>6 13 18 X</b>
Date	Date